PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600036654

1. Corporation Name

STARLIGHT VIDEO INC.

May 04, 1999 8:00 am Secretary of State

05-04-1999 90036 038 ***150.00



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Principal Place	e of Business	Mailing Address		T TENTIFER AND IDEAS OF THE MARKET BOST OF	DIOS CITIO DELLO DIESE BELLE DIOS 1881
102 S. SPRING DELAND FL 327	S. SPRING GARDEN AVE. 102 S. SPRING GARDEN AVE AND FL 32720 DELAND FL 32720			DO NOT WRITE IN T	HIS SDACE
				3. Date Incorporated or Qualifed	nio orace
				04/29/1996	
	ace of Business	2a. Mailing Address	. (/00	4. FEI Number	Applied For
21 640	W. NewYORI		ew YORI		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 23 Deland 71 28 Deland			41	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip			Country	8. This corporation owes the current year	
24 32	720 25 VUlusia	29 32720 . 30	VOLUS		Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Register	ed Agent
LICE	ENED DODEDT		81 Name		
HEFFNER, ROBERT				Address (P.O. Box Number is Not Acceptable)	
102 S. SPRING GARDEN AVE.				O W. New YOR	K
DEC	AND FL 32720		83	·	
			84 City_	reland	FL 85 Zip Code ろうつるO
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
office or re	egistered agent, or both, in the State of familiar with, and accept the obliga	of Florida. Such change was auth	orized by the corpo	oration's board of directors. I hereby accept the ap	pointment as registered
•	Branda List	mer hosurer	1 ()	etaeu 41.	21/99
SIGNATURE	Signature, typed or printed name of registered age	<u> </u>	gistered Agent signature re		
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	☐ DELETÉ	1.1 TITLE	P De hect	Change Addition
NAME	HEFFNER, ROBERT		1.2 NAME	HEFFNER ROBERT AL	
STREET ADDRESS	102 S SPRING GARDEN AVE		1.3 STREET ADDRESS	640 W. NEW YORK AT	}
CITY-ST-ZIP	DELAND FL 32720		1.4 CITY-ST-ZIP	Deland 71 32720	
TITLE	ST	☐ DELETE	2.1 TITLE	3T	Change Addition
NAME	HEFFNER, BRENDA		2.2 NAME	Brenda HEFFNER 640 W. New YORK	Λ ()
STREET ADDRESS	102 S SPRING GARDEN AVE		2.3 STREET ADDRESS	640 w. New YORK	7 0
CITY-ST-ZIP	DELAND FL 32720		2.4 CITY-ST-ZIP	Deland 71 327	DD
TITLE		☐ DELETE	3.1 TITLE	•	☐ Change ☐ Addition
NAME	• • •	-	-3.2 NAME	ي م ي	, ,
STREET ADDRESS	,		3.3 STREET ADORESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	•	. Change Addition
NAME			5.2 NAME		
STREET ADDRESS	-		5.3 STREET ADDRESS		
CITY-ST-ZIP	•		5.4 CITY-ST-ZIP		
TITLE	:	☐ DELETE	6.1 TITLE		Change Addition
NAME	· · ·		6.2 NAME		
STREET ADDRESS	-		6.3 STREET ADDRESS	•	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		ĺ

14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.